

DIETICIAN AND NUTRITIONIST SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the [provider enrollment chart](#) for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the [South Dakota Medicaid Provider Agreement](#).

Dieticians and nutritionists must be licensed under the provisions of SDCL Ch. 36-10B or licensed in another state with standards equivalent to or more stringent than South Dakota's.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles on Medicare A and B covered services.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories. Recipients in the primary care provider (PCP) or health home (HH) programs require a referral from the PCP or HH providers to receive dietician and nutritionist services.

COVERED SERVICES AND LIMITS

General Coverage Principles

Providers should refer to the [General Coverage Principles](#) manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Dietician and Nutritionist Coverage

Recipients are limited to 1 hour of services a day and 5 hours of services per plan year, July 1 through June 30, for any combination of CPT codes 97802, 97803, and 97804. Recipients under 21 may exceed these limits if approved as medically necessary by South Dakota Medicaid. Providers may submit a prior authorization request using the [Medical Nutrition prior authorization form](#). Services must be ordered by a physician, physician assistant, nurse practitioner, or advanced practicing nurse.

Services must be provided according to a written plan. Providers must document the need for continued visits. Maintenance visits are not covered. Services cannot duplicate other services such as diabetes education.

Services provided by IHS or FQHCs/RHCs are not considered a separately billable encounter. Services for individuals in a nursing home are included in the nursing home's payment and are not separately billable.

Covered diagnosis codes are listed below in Table 1 and Table 2. Diagnosis codes in Table 2 require a BMI code to be included on the claim. Some codes in Table 2 also require a comorbid condition from Table 3. Codes in Table 3 will deny if billed as a primary diagnosis for dietician and nutrition services.

Table 1: Primary Diagnosis Codes

Diagnosis Code	Description
E70.0	Classical phenylketonuria
E78.6	Lipoprotein deficiency
E75.10	Unspecified gangliosidosis
E75.19	Other gangliosidosis
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders

E77.1	Defects in glycoprotein degradation
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F98.29	Other feeding disorders of infancy and early childhood
K90.0	Celiac disease
N18.6	End stage renal disease
O26.01	Excessive weight gain in pregnancy, first trimester
O26.02	Excessive weight gain in pregnancy, second trimester
O26.03	Excessive weight gain in pregnancy, third trimester
O26.10	Low weight gain in pregnancy, unspecified trimester
O26.11	Low weight gain in pregnancy, first trimester
O26.12	Low weight gain in pregnancy, second trimester
O26.13	Low weight gain in pregnancy, third trimester
P92.6	Failure to thrive in newborn
R62.51	Failure to thrive (child)
R62.7	Adult failure to thrive
R63.0	Anorexia
R63.3	Feeding difficulties
R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral)
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified

Table 2: Primary Diagnosis Codes that Require an Additional Diagnosis Code

Diagnosis Codes	Description	BMI Code Required	Comorbid Condition Required
E66.01	Morbid (severe) obesity due to excess calories	Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, or Z68.54	No
E66.09	Other obesity due to excess calories	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, or Z68.53.	Yes – See Table 3 for allowed comorbid conditions.

E66.1	Drug-induced obesity	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, or Z68.53.	Yes – See Table 3 for allowed comorbid conditions.
E66.1	Drug-induced obesity	Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, or Z68.54	No
E66.2	Morbid (severe) obesity with alveolar hypoventilation	Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, or Z68.54	No
E66.8	Other Obesity	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, or Z68.53.	Yes – See Table 3 for allowed comorbid conditions.
E66.8	Other Obesity	Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, or Z68.54	No
E66.9	Obesity, unspecified	Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, or Z68.53.	Yes – See Table 3 for allowed comorbid conditions.
E66.9	Obesity, unspecified	Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, or Z68.54	No
R63.6	Underweight	Z68.1 or Z68.51	No

Table 3: Co-Morbid Conditions Required for Select Obesity Diagnoses

Diagnosis Code	Description
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified

I10	Essential (primary) hypertension
I11.9	Hypertensive heart disease without heart failure
I11.0	Hypertensive heart disease with heart failure
I12.9	Hypertensive CKD with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease I13.10 Hypertensive heart and CKD without heart failure, with
I13.0	Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD
I13.11	Hypertensive heart and CKD without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and CKD with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I15.0	Renovascular hypertension
I15.8	Other secondary hypertension
I15.9	Secondary hypertension, unspecified
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris

I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina

I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5

NON-COVERED SERVICES

General Non-Covered Services

Providers should refer to [ARSD 67:16:01:08](#) or the [General Coverage Principles](#) manual for a general list of services that are not covered by South Dakota Medicaid.

Dietician and Nutritionist Non-Covered Services

Weight loss services not covered include, but are not limited to: nutritional supplements or foods for the purpose of weight reduction, diet pills, exercise classes, health club memberships, instructional materials and books, motivational classes, counseling or weight loss services provided by persons who are not enrolled with South Dakota Medicaid, counseling that is part of the physician's covered services and for which payment has already been made.

DOCUMENTATION REQUIREMENTS

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

REIMBURSEMENT AND BILLING

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Reimbursement

The fee schedule for dietician and nutritionist services is available on our fee schedule website in the "Other Services" section at <https://dss.sd.gov/medicaid/providers/feeschedules/dss/>. The cost share for non-exempt Medicaid recipients is \$3 per visit. The recipient's cost-sharing amount is deducted from the provider's allowable reimbursement by the department before the provider is reimbursed. A list of recipients exempt from cost sharing is available in [ARSD 67:16:01:22](#).

Claim Instructions

CPT codes 97802, 97803, and 97804 are only billable by a licensed and enrolled dietician or nutritionist. Claims must be submitted on a CMS 1500 form and must include the ordering physician in box 17. Please refer to the Professional Services billing manual chapter for additional information.

REFERENCES

- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

QUICK ANSWERS

1. Are dietician and nutritionist services reimbursable for a FQHC, RHC, or IHS?

Service are reimbursable when another covered service is billed as part of the same visit. The services are not separately reimbursable when provided on a standalone basis.